

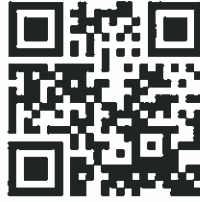
MESSAGE ESTABLISHMENT INFORMATION SHEET

- Application Fee \$100.00
Annual Licensing Fee \$100.00
- Completed applications must be submitted to the Licensing Office by 5:30 PM Monday through Thursday, along with;
 - \$100.00 application fee.
 - Supplemental questionnaire on all controlling agents - person(s) with 10% or greater interest in the ownership or earnings of the business.
 - If ownership is individual/sole proprietorship: include a copy of driver's license or picture ID for applicant and a License Eligibility Form will be needed.
 - A clearly legible 8 x 11 sketch or diagram showing the configuration of the overall business premises. See Mesa City Code 5-12-5 (16).
 - Corporations, LLC's and partnerships: The Articles of Incorporation, Articles of Organization, or Certificate of Limited Partnership, together with any amendments thereto, for the applicant, as applicable.
- After submission of the application, the applicant(s) and all owners and/or officers that complete the supplemental questionnaire must get their fingerprints taken at Arizona Livescan, the suggested vendor, and request for an FBI background check to be completed. The fee for this service must be paid to Arizona Livescan at the time of service.
- Prior to issuance of your license, the application will be routed to various City departments for their recommendations. Below are the departments that provide a recommendation to the Licensing Office:
 - Fire Prevention (safety inspection).
 - Building Safety Division (Certificate of Occupancy and zoning).
 - Police Department (verification and approval/denial given when the background check is received).
- Upon approval/denial, a letter will be mailed to the applicant's mailing address informing them of the decision. A licensing fee of \$100.00 is required prior to the issuance of the license. The license will be issued for one year.
- There is a yearly renewal fee of \$100.00. Per Mesa City Code 5-12-14, the renewal application and renewal fee must be submitted to the Licensing Office at least 45 days prior to the license expiration date.

ALL FEES ARE NON-REFUNDABLE

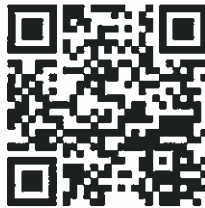
INCOMPLETE APPLICATIONS OR THOSE RECEIVED WITHOUT THE REQUIRED SUPPLEMENTAL INFORMATION WILL NOT BE PROCESSED.

Massage Establishment Ordinance Effective June 18, 2015



<http://www.mesaaz.gov/home/showdocument?id=13095>

City of Mesa Licensing Information



<http://mesaaz.gov/business/licensing>

NOTICE TO SOLE PROPRIETOR, INDIVIDUAL AND/OR HUSBAND & WIFE BUSINESSES

All persons applying for municipal licensing as Individuals, Sole Proprietors, or Husband & Wife businesses, must provide evidence of their legal right to be in the United States in compliance with A.R.S. 41-1080, also known as the "Legal Arizona Workers Act."

If applying by mail, applicants must submit the eligibility form with the application. Please indicate, by checking the appropriate box, which of the 12 forms of documentation will be provided to verify legal status under federal law. Return the completed eligibility form along with the application, applicable fees and a copy of the documentation showing your legal status.

If applying in person at the Licensing Office, applicants must show one of the 12 types of documentation listed on the eligibility form with the application and applicable fees. The eligibility form will be completed upon presentation of the documentation.

Per State law, the City of Mesa Licensing Office cannot issue a license unless it first receives a copy of one of the specified forms of identification and a signed eligibility form.

*****NOTE: A Government issued photo ID must be presented with any document that does not contain a photograph of the individual.**



LICENSING ELIGIBILITY

Before issuing a license to an individual, the individual must present one of the following documents to the municipality indicating that the individual's presence in the United States is authorized under federal law:

Check the box next to the document indicating lawful presence.

*****NOTE: A Government issued photo ID must be presented with any document that does not contain a photograph of the individual.**

	An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
	A driver license issued by a state that verifies lawful presence in the United States. (See Overview of States' Driver's License Requirements) NOT accepted: HI, NM, UT, WA Note: a WA "Enhanced" Driver License is acceptable
	A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
	A United States certificate of birth abroad.
	A United States passport or passport card.
	A foreign passport with a United States visa.
	An I-94 form with a photograph.
	A United States citizenship and immigration services employment authorization document or refugee travel document.
	A United States certificate of naturalization.
	A United States certificate of citizenship.
	A tribal certificate of Indian blood.
	A tribal or bureau of Indian affairs affidavit of birth.

This provision does not apply to an individual, if EITHER:

1. BOTH of the following apply:

- The individual is a citizen of a foreign country or, if at the time of application, the individual resides in a foreign country.
- The benefits that are related to the license do not require the individual to be present in the United States in order to receive those benefits.

OR

2. ALL of the following apply:

- The individual is a resident of another state.
- The individual holds an equivalent license in that other state and the equivalent license is of the same type being sought in this state.
- The individual seeks the Arizona license to comply with this state's licensing laws and not to establish residency in this state.

Signature of applicant

Date

Signature of municipal employee

Date

Licensing and Application Requirements House Bill 2212

The City wishes to notify all applicants of certain rights the applicant has related to the issuance of a license. The City shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, ordinance or code. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless the authority specifically authorizes the requirement or condition. Unless specifically authorized, the City shall avoid duplication of other laws that do not enhance regulatory clarity and shall avoid dual permitting to the maximum extent practicable, however this does not prohibit municipal flexibility to issue licenses or adopt ordinances or codes. The City shall not request or initiate discussions with a person about waiving that person's rights provided to them under Arizona Revised Statutes Title 9, Chapter 7, Article 4. The requirements of A.R.S. § 9-843 may be enforced in a private civil action and relief may be awarded against the City and the court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in such an action against a municipality. A City employee may not intentionally or knowingly violate A.R.S. § 9-843 and a violation of the statute is cause for disciplinary action or dismissal pursuant to City policy. The requirements of A.R.S. § 9-834 do not abrogate the immunity provided to the City or its employees by A.R.S. § 12-820.01 or § 12-820.02.

A.R.S. § 9-834. PROHIBITED ACTS BY MUNICIPALITIES AND EMPLOYEES; ENFORCEMENT; NOTICE

- A. A MUNICIPALITY SHALL NOT BASE A LICENSING DECISION IN WHOLE OR IN PART ON A LICENSING REQUIREMENT OR CONDITION THAT IS NOT SPECIFICALLY AUTHORIZED BY STATUTE, RULE, ORDINANCE OR CODE. A GENERAL GRANT OF AUTHORITY DOES NOT CONSTITUTE A BASIS FOR IMPOSING A LICENSING REQUIREMENT OR CONDITION UNLESS THE AUTHORITY SPECIFICALLY AUTHORIZES THE REQUIREMENT OR CONDITION.
- B. UNLESS SPECIFICALLY AUTHORIZED, A MUNICIPALITY SHALL AVOID DUPLICATION OF OTHER LAWS THAT DO NOT ENHANCE REGULATORY CLARITY AND SHALL AVOID DUAL PERMITTING TO THE MAXIMUM EXTENT PRACTICABLE.
- C. THIS SECTION DOES NOT PROHIBIT MUNICIPAL FLEXIBILITY TO ISSUE LICENSES OR ADOPT ORDINANCES OR CODES.
- D. A MUNICIPALITY SHALL NOT REQUEST OR INITIATE DISCUSSIONS WITH A PERSON ABOUT WAIVING THAT PERSON'S RIGHTS.
- E. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST A MUNICIPALITY. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST A MUNICIPALITY FOR A VIOLATION OF THIS SECTION.
- F. A MUNICIPAL EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE MUNICIPALITY'S ADOPTED PERSONNEL POLICY.
- G. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.
- H. A MUNICIPALITY SHALL PROMINENTLY PRINT THE PROVISIONS OF SUBSECTIONS A, B, C, D, E, F AND G OF THIS SECTION ON ALL LICENSE APPLICATIONS.
- I. THE LICENSING APPLICATION MAY BE IN EITHER PRINT OR ELECTRONIC FORMAT.



APPLICATION FOR MASSAGE ESTABLISHMENT LICENSE

NON-REFUNDABLE \$100.00 DUE AT TIME OF APPLICATION - CODE 0570

ACCURACY IS IMPORTANT -- CHECK ALL ANSWERS FOR ACCURACY. FALSE OR INCOMPLETE ANSWERS OR OMISSIONS MAY RESULT IN NON-ACCEPTANCE, DENIAL OR SUBSEQUENT REVOCATION OF A LICENSE.

SECTION I. ESTABLISHMENT INFORMATION

Establishment Name	
Establishment Street Address	
City, State, Zip	Phone Number
Type of Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other	
Name of Corporation or LLC	
Days and Hours of Operation	
Types of Massage (Services Offered)	

SECTION II. MAILING ADDRESS

Mailing Name (Designated Agent)
Street Address or PO Box
City, State, Zip

SECTION III. LISTING OF CONTROLLING PERSONS (PERSON(S) WITH 10% OR GREATER INTEREST IN THE OWNERSHIP OR EARNINGS OF THE BUSINESS)

Title/Position	Name	% Owned

SECTION VI. INITIAL APPLICANT'S INFORMATION

Applicant's Name	Last	First	M.
Home Address			Home Phone Number
City, State, Zip			
Previous names by which you have been known and the years in which you were known by those names			

SECTION VI. INITIAL APPLICANT'S INFORMATION (CONTINUED)				
Title/Position at Establishment				
Social Security Number		Date of Birth (month, day, year)		
Place of Birth City, State, Country			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race	Color of Eyes	Weight	Height	Color of Hair
SECTION VII. APPLICANT'S HOME ADDRESS HISTORY FOR PAST 10 YEARS				
From	To	Complete Street Address	City, State, Zip	
	Present			
SECTION VIII. APPLICANT'S BUSINESS, OCCUPATION OR EMPLOYMENT HISTORY FOR PAST 10 YEARS				
From	To	Business Name	Business Address	
SECTION IX. BACKGROUND INFORMATION - PLEASE READ CAREFULLY. IF NOT ANSWERED FULLY AND COMPLETELY IT COULD BE CAUSE FOR YOUR LICENSE REQUEST TO BE DENIED.				
In the past 10 years, have you been convicted in a court of competent jurisdiction of a felony or misdemeanor, excluding civil traffic offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF YES, LIST ALL CONVICTIONS BELOW. ATTACH A SEPARATE SHEET IF NEEDED.				
Date	Offense	Location of Conviction	Penalty Assessed	
Have you ever had a business license suspended, denied or revoked in this or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date	License Type	State	Outcome	
SECTION X. SIGNATURE AND CERTIFICATION				
IMPORTANT				
I hereby give consent to the City of Mesa to investigate my background, including any police records or records of any kind or description. I hereby waive any claim or cause of action regarding the use of my background information or police record that I may have against the City of Mesa or its agents and employees, and against any other individual or agency disclosing or releasing background information to the City of Mesa. I also certify that I am familiar with the Code provisions governing the Massage Establishment License.				
I hereby attest that I have verified that no person not qualified to own, control or manage a massage establishment is involved in the ownership, control or management of this applicant.				
I hereby certify that all answers and information on this application are true and correct. Any false, misleading, or incomplete information constitutes grounds for denial of this license.				
Print Name	Signature		Date	

Revenue Collections Operations
Licensing Office
 55 North Center Street
 Mesa Arizona 85201
 (480) 644-2316 Tel



Mailing Address
 PO Box 1466
 Mesa Arizona 85211-1466
 (480)644-3999 Fax

**MESSAGE ESTABLISHMENT LICENSE
 SUPPLEMENTAL QUESTIONNAIRE
 ADDITIONAL OWNERS AND OFFICERS OTHER THAN APPLICANT**

SECTION I. CONTROLLING PERSONS (PERSON(S) WITH 10% OR GREATER INTEREST IN THE OWNERSHIP OR EARNINGS OF THE BUSINESS)

Name		Last		First		M	
Home Address							
City, State, Zip						Home Phone Number	
Previous names by which you have been known and years those names were used.							
Title/Position at Establishment							
Social Security Number				Date of Birth (month, day, year)			
Place of Birth City, State, Country						Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Race	Color of Eyes	Weight	Height	Color of Hair			

SECTION II. RESIDENTIAL ADDRESSES FOR PAST 10 YEARS BEGINNING WITH PRESENT ADDRESS

From	To	Complete Street Address	City, State
	Present		

SECTION III. APPLICANT'S PREVIOUS BUSINESS, OCCUPATION OR EMPLOYMENT HISTORY FOR PAST 10 YEARS

From	To	Business Name	City, State, Zip

SECTION IV. BACKGROUND INFORMATION - PLEASE READ CAREFULLY. IF NOT ANSWERED FULLY AND COMPLETELY IT COULD BE CAUSE FOR YOUR LICENSE REQUEST TO BE DENIED.

Have you ever been convicted in a court of competent jurisdiction of a felony or misdemeanor, excluding civil traffic offenses? ☐ Yes ☐ No

Date	Offense	Location of Conviction	Penalty Assessed

Have you ever had a business license suspended, denied or revoked in this or any other state? ☐ Yes ☐ No

Date	License Type	State	Outcome

SECTION V. SIGNATURE AND CERTIFICATION

IMPORTANT

I hereby give consent to the City of Mesa to investigate my background, including any police records or records of any kind or description. I hereby waive any claim or cause of action regarding the use of my background information or police record that I may have against the City of Mesa or its agents and employees, and against any other individual or agency disclosing or releasing background information to the City of Mesa. I also certify that I am familiar with the Code provisions governing the Massage Establishment License.

I hereby certify that all answers and information on this application are true and correct. Any false, misleading, or incomplete information constitutes grounds for denial of this license.

Print Name	Signature	Date
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MASSAGE ESTABLISHMENT DIAGRAM

Business Name: _____

License No. _____

Business Address: _____

Days & Hrs Open _____

(Include all interior doors, walls, curtains, room dividers. Designate type of use for each room)

List of Services: _____



TO: ARIZONA LIVESCAN
FROM: CITY OF MESA SPECIAL LICENSING OFFICE
RE: FINGERPRINTS AND BACKGROUND CHECK
DATE:

ORI NUMBER: XX007100L

Person to be printed:

Name: _____ **Date of Birth:** _____

Please List All Previous Names You Have Been Known By:

(THE PREVIOUS NAMES ABOVE MUST BE LISTED ON YOUR FINGERPRINT CARD)

Phone: _____ **Social Security No.:** _____

Fingerprints will be processed by Arizona Livescan. Results from the background check will be forwarded to Mesa Police Department.

\$20.00 Prints
\$22.00 DPS processing fee
\$42.00 Total Due

PAYMENT WILL BE COLLECTED AT THE TIME OF SERVICE

NO APPOINTMENT NECESSARY
PHOTO ID REQUIRED

ARIZONA LIVESCAN
456 W. MAIN ST SUITE D
MESA, AZ 85201
(Just West of Country Club Drive on North side of Main St)
Tel (480) 284-8470
Mon - Friday 9:00am – 6:00pm
This request is per Mesa Ordinance 4957 and Mesa City Code 5-12-3.

55 N. Center Street
PO Box 1466
Mesa Arizona 85211-1466
(480) 644-2316 Tel
(480) 644-3999 Fax